Zambia's Response to the Widespread Disruption in Funding Towards HIV Services

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Ministry of Health

BACKGROUND

Despite widespread disruptions, Zambia has sustained momentum toward the 95-95-95 targets, achieving 98–98–97. Antiretroviral therapy coverage, viral suppression, and outreach to key populations were impacted nationwide by the Stop Work Order issued by the United States Government in January 2025. An estimated 24,000 health workers were asked to stop work; HMIS disruptions delayed routine data reporting; laboratory services were interrupted, affecting viral load and other assays; and the HIV commodity supply chain stalled, halting forecasting, procurement, and last-mile deliveries. In response, Zambia activated a national coordinating body and launched a phased emergency action plan (immediate, medium-term, long-term). Through national stakeholder engagement, essential HIV services were reviewed and prioritized.

An iterative realignment of services is underway, anchored in the national epidemiological context and aligned with the confirmed domestic budget.

ADAPTIVE APPROACHES TO RESOURCE CONSTRAINTS

Zambia has developed a minimum package of HIV services aimed at providing guidance implementation of priority HIV services that are sustainable given the shrinking resource envelop:

- Zambia has increased the allocation towards drug budget medicines and medical supplies from K4.9 billion in 2025 to K6.4 billion in 2026 representing a notable increase of 30%.
- Zambia is employing 4000 health workers, and a proportion will be reserved for HIV related workforce
- Government led technical capacity provision
- Zambia intends to continue working with communities promoting their participation in HIV program planning, decision-making, implementation and evaluation through integration of HIV communities in the general community health structures and local government structures

NATIONAL PRIORITIZED PREVENTION, TESTING, AND TREATMENT SERVICES

PREVENTION SERVICES

Component	Intervention	Zambia
Infant prophylaxis	Infant PEP HR 0–6w	
	Infant PEP HR 6–12w	
	Infant PEP LR	
PEP	Facility PEP (guidelines)	
	Community PEP (GBV/KP)	
Condoms	Facility condoms/lube	
	KP condom points	
	Community condom points	
PrEP continuation	Facility PrEP KP 3MMD/6m	
	Facility PrEP PBFW 3MMD/6m	
	Facility PrEP others 3MMD/6m	
	Annual PrEP review	
	PrEP review 6-monthly	
	Facility PrEP DSD-indiv	
	Out-facility PrEP DSD	
	Virtual PrEP refills	(grey)
	Adherence/risk counselling	
	Continue DVR PrEP	(red)
	Continue LAI PrEP	
PrEP initiation (& re-initiation)	Start PrEP PBFW self-ID	
	Start PrEP PBFW at-risk	
	Start PrEP KP	
	Start PrEP AGYW self-ID	
	Start PrEP others self-ID	
	Test post-start 1–3m	
	PrEP demand creation	
	Continue DVR PrEP	(red)
	Continue LAI PrEP	
	PrEP start education	
Harm reduction for people who inject drugs	Facility-first NSP+naloxone	
	Community NSP+naloxone	
	Continue OAMT refills (PWID)	
	Initiate/continue OAMT (PWID)	
VMMC	Targeted VMMC scale-up	

TESTING SERVICES

Component	Intervention	Zambia
Blood products	Blood product screening	
	Symptomatic testing (entry)	
	ANC first test	
	ANC late retest	
	Postnatal PBFW 6-monthly	
	HEI 6w/6-9-18m EPI	
	HEI birth test	
	TB clients (newly diagnosed)	
	TB clients (presumptive TB)	
	STI clients (new STI)	
	Hep B/C (new)	
Facility-based	Inpatient (new admission)	
	Children in malnutrition clinics	
	EPI child post-screen	
	FP initiation clients	
	FP <25 init+annual	
	FP init+biennial+change	
	FP init+annual	
	Self-initiated HIVST (annual)	
	VCT/HIVST any frequency	
	PrEP users 1m+6m	
	PrEP users 1m+3m	
	VMMC clients	
	PN EPN +HIVST/FBT	
	PN APN +FBT (virtual)	
	PN APN +community test	
	Female index: child FBT/HIVST	
Network-based (including facility/virtual and community-based)	Female index: child CBT	(red)
	PN EPN +HIVST (VL>1000)	
	PN EPN +HIVST FP/ANC<25	
	PN EPN +HIVST (FP/ANC)	
	KP SNT +HIVST	
	AGYW SNT +HIVST	
	PN EPN +HIVST (95s STI-neg)	
	PN EPN +HIVST (STI-neg)	
	PN APN +FBT (STI-neg)	

TESTING SERVICES

Component	Intervention	Zambia
Community-based (virtual and in-person)	CB HIVST points >15	
	CB HIVST points 95-gap	
	CB HIVST points KP	
	HIVST digital outreach	
	KP high-volume outreach	
	KP all outreach sites	
	AGYW targeted outreach	
	Men targeted outreach	
	Men workplace testing	
	Children targeted outreach	
	Prisoners: On entry/discharge	
	Prisoners entry/annual	
	ABYM targeted outreach	
Recency testing	Recency testing	(red)

Legend:

Color	Meaning
(dark green)	Keep (No Change)
(green)	Keep (Modify)
(red)	Drop
(dark grey)	Not applicable
(light grey)	Not Prioritized

TREATMENT SERVICES

Component	Intervention	Zambia
ART continuity	Uninterrupted ART for all	
	MMD 3–6 months	
	Annual clinical review	
	Enroll less-intensive DSD	
	Maintain facility DSD-indiv	
	Maintain community DSD-indiv KP	(red)
	Maintain client-managed groups	
	Maintain adolescent groups (HCW)	
	Maintain community DSD-indiv	(red)
	Maintain DSD groups (HCW)	(red)
	Active transfer same-day 3MMD	
Continuity OI prophylaxis	CTX adults S3/4/CD4<350	
	CTX adults high-risk	(grey)
	CTX for HIV/TB	
	CTX for CLHIV	
	CTX for HEI	
	Fluconazole secondary proph	
ART initiation (and re-initiation)	Initiate <5 years	
	Initiate PBFW	
	Initiate symptomatic/AHD	
	Initiate all positives	
	Initiate stage 3/4 or CD4 low	
	Initiate stage 1/2 (CD4 high)	
Viral load monitoring	VL for suspected failure	
	Repeat VL at 3m	
	First VL by 6m	
	First VL (no prior)	
	Pregnant: VL at ANC/3m	
	Pregnant: VL 34–36w	
	Breastfeeding: VL 3m+6mly	
	LLV: repeat VL 3m	
	VL annually if suppressed	
	VL q2–3y post-2x	
	Resistance test per guidelines	

TREATMENT SERVICES

| Component	Intervention	Zambia
OI management	TB Xpert for symptomatic	
	TB treatment	
	TPT per regimen	
	CRAG for symptomatic	
	Cryptococcal treatment	
AHD package	LAM S3/4 seriously ill	
	CRAG S3/4 IPD	
	CD4 S3/4 new or >90d	
	CD4 S1/2 new or >90d	
	LAM S1/2 CD4<200	
	CRAG S1/2 CD4<200	
	Fluconazole pre-emptive	
Integration	PAP smear never-screened	(grey)
	HPV screen never-screened	
	Hypertension integration	
	Diabetes integration	
	Family planning integration	
	VIAC annually WLHIV	
Tracking and tracing	Confirm contacts each visit	
	Phone trace abnormal labs	
	Phone trace high-risk	
	Phone trace >28d missed	
	Home trace abnormal labs	(red)
	Home trace high-risk	(red)
	Home trace >28d missed	(red)
Psychosocial support/Counselling	ART start literacy	
	Adherence assessment visits	
	VL and DSD prep	
	EAC for high VL	
	Child disclosure support	
	MH screening at start	
	MH screening high VL	
	MH screening all visits	

- Stand-alone DREAMS/DREAMS-like community activities. Adolescent HIV prevention through AGYW empowerment will be done in facilities at youth friendly spaces.
- Stand alone or parallel VMMC services outside routine surgical services are discouraged

HIV testing modalities which are discouraged include:
Provider-initiated testing for all populations at all facility entry points, community follow up of contacts of index cases, self-testing services, recency testing

HIV treatment services which are discouraged for the minimum package: Cotrimoxazole prophylaxis outside children and PBFW, repeat TPT for individuals who have received TPT before, baseline viral load testing, HIVDR after first line treatment failure only

SELECT HMIS HIV SERVICE DELIVERY INDICATORS: TREND OVER TIME, 2024-2025

Fig 1 HIV Testing Trends

HTS services trends (2020 – 2025)
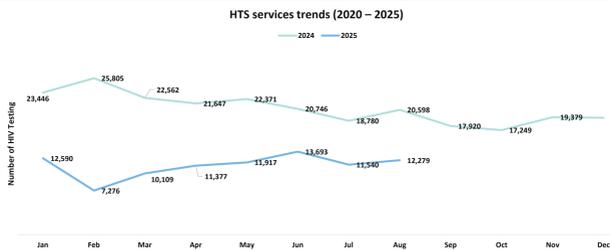
In February 2025, there was a reported decline in the number of HTS compared to other months of that year, as well as in comparison to February 2024. Overall, the numbers for 2025 were generally lower than those reported for the same months in 2024.

Fig 2 ART Initiation Trends

ART Initiation trends (2024-2025)
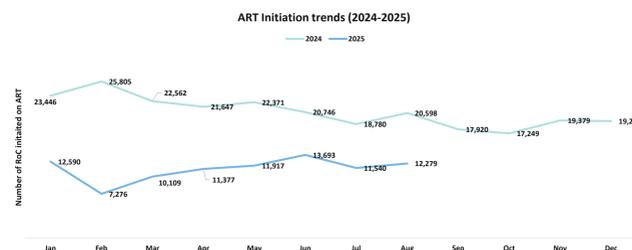
In February 2025, a decline in the number of ART initiated was observed compared to other months of the year and to February 2024. Overall, the 2025 figures were consistently lower than those reported for the same months in 2024.

Fig 3 PrEP Initiation Trends

Started on PrEP Trends (2024 - 2025)

In February 2025, a decline in the number of those initiated on PrEP was noted compared to other months that year and to February 2024. However, from March to August 2025, the data revealed a steady increase in numbers. Overall, the figures for 2025 remained consistently lower than those reported for the same months in 2024.

SYSTEMS & SERVICES ADAPTATIONS

Service delivery optimization/redesign of service delivery

Zambia has developed and costed and is implementing a minimum package of care for sustainable HIV service. This package contains prioritised HIV services which are effective for HIV epidemic control as well as being cost-effective.

NEXT STEPS / WAY FORWARD

HMIS, M&E, and data use for decision-making

Zambia has developed a digital health enhancement plan which aim at redesigning our digital health landscape, streamlining digital health solutions, enhance interoperability and setup a digital health intelligence hub. The plan is costed and funded.

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